## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Application or Docket Number

09/605010

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	] [	RATE	FEE
BASIC FEE			/·							345.00	OR		690.00
то	TAL CLAIMS		22	minus 2	20=	* 2			X\$ 9=		OR	X\$18=	36,00
INDEPENDENT CLAIMS 3 minus 3 = *								X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	226,00
CLAIMS AS AMENDED - PART II									<u> </u>			OTHER THAN	
		(Colum	n 1)		(C	olumn 2)	(Column 3)		SMALL ENTITY			SWALL	YTITM
AMENDMENT A		CLAIM REMAIN AFTE AMENDN	IING :R		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	***		=		X39=		OR	X78=	
	FIRST PRESE	NIAHON	OF MU	ILTIPLE DEF	PEND	ENT CLAIM			+130=		OR	+260=	
$\star$ .									TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Colum	n 1)		(C	olumn 2)	(Column 3)		ADDIT. FEE		י ע	ADDI1.1 CC	
ENT B		CLAIN REMAIN AFTE AMENDI	NING R		I PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
SWE:	Independent	÷		Minus	***	•	=	]	X39=		OR	X78=	
<b>&amp;</b>	FIRST PRESE	NTATION	OF MU	JLTIPLE DEI	PEND	ENT CLAIM		]			Un	<u> </u>	
								Į	+130=		OR	+260=	
								,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Colum				Column 2)	(Column 3)	)	•				
ENT C		CLAIN REMAIN AFTE AMENDI	NING ER	Į.	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	**		=		X\$ 9= ·		OR	X\$18=	
	Independent	*	<del></del>	Minus .	***		=	╢╟	X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								400			.000	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+260=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
	ingnostrium		, , 41	,		F 5.1.20111/ 10 till					••		

## This Fore s for INTERNAL PTO SE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/605010

## Total Fee Calculation

			Carcui	JUUL			
	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	= Total
	Sm./Lg.				Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101					690,00	= 680,00
Total Claims >20	203/103	22 -20 =	2	х	*	18.08	3600
Independent Claims >3	202/102			х			
Mult. Dep Claim Present	204/104						
Surcharge	205/105					130,00 =	130,00
English Translation	139						
TOTAL FEE CALCULA	ATION						856,00
Fees due upon filing t	he application.						
Total Filing Fees Due	= \$	856.00				٠	
Less Filing Fees Subm	iiπed - \$		-	_			
BALANCE DUE	85	6,00		-			•
Office of Initial Patent							